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TESTIMONY FOR THE HOUSE POLICY COMMITTEE ON HB 4862 AND 4863

MICHIGAN ASSOCIATION OF SUBSTANCE ABUSE COORDINATING AGENCIES (MASACA)

January 26, 2012

Madame Chairperson and Members of the Committee:

My name is Kristie Schmiege and I am with Genesee County Community Mental Health, which is the Substance Abuse Coordinating Agency for Genesee County. I am here today as president of the Michigan Association of Substance Abuse Coordinating Agencies (MASACA). MASACA is composed of the Directors of the 16 agencies across the state, which are responsible by statute for funding and managing treatment and prevention services in all 83 Michigan counties. We appreciate this opportunity to testify on HB 4862 and 4863.

The two bills you are considering have had the good effect of accelerating the efforts already underway to strengthen and simplify the working relationship between the substance use disorder and community mental health service delivery systems. In particular, the bills encourage our efforts to cooperate actively on simplifying administrative policies and procedures, removing unnecessary duplication and improving the effectiveness and efficiency of services. The bills' sponsors are to be congratulated for generating such energy.

The revised bills under consideration have wisely attempted to maintain and incorporate the sections of the Public Health Code that help ensure public safety and good health by regulating the delivery of substance use disorder services. The original legislation, by eliminating those Public Health Code sections, would have removed some of the very regulations that make the current substance use service system so effective. Since we have not had time to review in detail the incorporated Code sections, we will agree to work with legislative staff to ensure that the revised bills include all those sections of the Public Health Code that make for effective delivery of substance use disorder services.

Despite these additions, the bills appear to presume that the substance use disorder services system can simply be joined into the community mental health system without other major considerations. The truth is that substance use disorders constitute a very distinct brain disorder, one with its own unique symptoms, its own evidence-based clinical treatment protocols; its own proven community based prevention strategies and its own specialty clinical skills and training requirements. Where there is co-occurring mental illness, it more often is of the mild to moderate kind, which the community mental health system does not have a requirement to serve.

In addition, the substance use disorder services delivery system over the past 40 years has become tightly integrated into other specialty service networks within the local communities you represent. The local Coordinating Agencies and their provider networks are the primary treatment resources for the drug and sobriety courts across the state and a major contributor to the courts' success in reducing alcohol and drug related accidents and deaths. The Coordinating Agencies partner with the Michigan Department of Corrections to supplement the MDOC funded substance use disorder services for parolees and probationers, including those in the Michigan Prisoner Reentry Program. They also partner with federal Corrections agencies to make treatment services readily available to federal parolees and probationers returning to local communities. Similar long standing local partnerships exist with the Michigan Department of Human Services, Michigan Works, healthcare systems with their need for evaluation and placement of the many drug and alcohol abusers seen in emergency rooms, as well as with a variety of other local human service organizations. In many of these arrangements, federal Corrections or a hospital system or Michigan Works has found that a single contract with a local Coordinating Agency gives access to a well organized and supervised treatment system across a wide geography and a scattered population.

Another key contribution of local Coordinating Agencies, clearly recognized and valued at the local level but often not appreciated at the state level, is their leadership and commitment in assuring that specific local treatment and prevention needs are understood and met. Having an active presence of local responsible people in governing and advisory roles, Coordinating Agencies are deliberately structured to be responsive to local needs.

The two bills as proposed simply shift substance use disorder service delivery into the community mental health system without recognizing the uniqueness of the disease or the complexity the substance use disorder system has developed over the past nearly 40 years since its enabling legislation in the 1970s. Those of us who are already within PIHPs know very well the substantial internal and external reorganization we needed to make to ensure that people with substance use disorders and the critical services they need were protected and enhanced.

Having said this, we in MASACA recognize that administrative structures for delivering all healthcare services are undergoing profound changes. To help ensure that HB 4862 and 4863 improve care for a needy population and do not just eliminate some boxes on an organization chart, we suggest some significant amendments to the legislation as written. We recommend that, whatever restructuring this committee decides on, the following be included in enabling legislation.

1. Include a clear mandate that a commitment to persons with substance use disorders and the treatment and prevention of those disorders be enshrined throughout the governance structures: mission statement; bylaws; representation of persons from the substance abuse field, including recovering persons, on all governing and advisory boards. It should be clear to any observer that a commitment to the substance use disorder population and their care is embedded throughout the designated organizations, as well as within the structure of the Department of Community Health.

2. Retain the Public Health Code sections and subsequent state regulations and mandates that protect service recipients and local communities by establishing standards for continued local stakeholder involvement, to guarantee that the services made available through the managing organizations are responsive to their communities' needs and are available and accessible to all

segments of the community. The rules within the statute also need to allow for managing entity, provider network and local community input on licensing decisions.

3. Ensure a dedicated state funding stream for substance use disorder services, which cannot be diluted or redirected, so that a very vulnerable population does not end up un-served or underserved. There is nothing better the legislature can do to convince people with substance use disorders, their families and local communities that the bottom line intent is improved care than by guaranteeing a dedicated funding stream. We in MASACA have been pursuing some specific ideas in this regard and will offer them as the legislative process goes forward.

4. Ensure retention of the specialty substance use disorder provider network, for both treatment and prevention services. Very skilled and effective service providers have evolved over decades, with science-grounded specialty training and skills. People with substance use disorders, as well as local communities, can experience no greater disservice than to lose access to those life saving services.

5. Preserve the many partnerships and collaborations the substance use disorder services system has developed with other local service systems, e.g., drug and sobriety courts, federal Corrections, hospital ERs, etc. Since the Coordinating Agencies and their providers are so deeply intertwined with those other systems, all local communities lose if those arrangements disappear.

6. Since the committee is serious about gaining substantive efficiencies, it should tie bar these bills to another bill transferring MDOC's community based substance use disorder treatment services to the Coordinating Agencies, however they are reconstituted. MDOC has developed a duplicate service delivery system for parolees and probationers, with its own costly duplicate administrative structure within state government. For the most part, MDOC even uses the same provider panel as the Coordinating Agencies. Such a relocation of responsibility is an opportunity to achieve significant administrative simplification and efficiency for state government and for local providers by eliminating unnecessary and costly duplication that, frankly, has never made sense.

7. Finally, this restructuring of the management of substance abuse services delivery is an opportunity for MDCH to show continued leadership in bringing together the PIHPs, CMHSPs, and Coordinating Agencies to address the inefficiencies that exist across all of public healthcare. There are multiple data systems that do not interface; multiple reporting systems for the same or similar information that could be standardized; multiple monitoring visits, often looking at the same information, that could be simplified by some form of "deemed status"; multiple contracts with the same entity that could be rolled together with consistent standards and requirements. This has been an area of costly inefficiency, for both managing entities and service providers. Now is the time for all of us to get serious about addressing costly inefficiencies we know can be corrected if we have the will.

Members of the Committee, we are far less concerned about where the Coordinating Agency role and responsibilities get housed than we are about ensuring that a very vulnerable population, whom we have been serving for nearly 40 years, continues to be a priority. We want to ensure that whatever managing entities assume responsibility for these services, they are directed by statute to have the same committed responsibility, preserve the well established services that have turned around so many lives and communities and dedicate the necessary resources to guarantee the integrity of substance use disorder services. As this process goes forward, we commit ourselves to participate in the process in such a way as to preserve those values.

Thank you for this opportunity, and I will be glad to answer any questions you might have.